



**State Of Illinois
Department Of Employment Security
Extended Benefits Work Search Record**

Date:

Social Security Number:

Name:

Week Ending 1

Week Ending 2

Date to Mail or FAX

Mailing Address:

IDES

PO Box 4370

Fairview Heights, IL 62208

Fax Number: 866-997-0238

To be eligible for State Extended Benefits (EB) you must make a **SYSTEMATIC AND SUSTAINED** effort to find work and provide a record of this work search to our Department. You must have at **least five employer contacts per week and apply for work on at least three days during each week you are claiming and daily, make positive efforts to find work. If you claim EB for a week you do not meet these requirements, you will be ineligible for that week and all future EB payments until you return to work and requalify.** If you do not meet the work search requirements, you should "waive" the applicable week(s) when you call TeleServe. On this form, cross through the week(s) you wish to "waive". By waiving the week(s) in TeleServe, this will prevent payment for the week(s) in which you did not meet the requirements, but not cause a denial of future weeks. **It is recommended you retain a copy of this form. If you misplace your form, a blank one can be obtained on our website at www.ides.illinois.gov** If you are enrolled in Trade Readjustment Assistance (TRA) approved training or another training program approved by the IDES you do not need to submit this form.

If you are certifying for benefits for the weeks listed above, indicate below your effort to secure work for these weeks and FAX or MAIL this form on the date indicated above. FAILURE TO COMPLY WILL RESULT IN A DENIAL OF BENEFITS AND A POTENTIAL OVERPAYMENT.

Contact Date	Employer Name and Address	Person Contacted, if applicable	Method of Contact	Type of Work Sought	Results/ Outcome
Week ending 1					
Week ending 2					

Signature:

Date:

ADJ100FEBWS10-12-11